ihcda
Indiana Housing & Community Development Authority

ClientTrack Project Intake Form (For Domestic Violence Providers)

Step 1: Universal Data Collection

Please complete the following basic client information and note that all fields with an * are required fields. Universal Data Elements are required for all project participants.

Basic Client Information:*

First Name:*_____Last Name:*_____

Middle Name:_____Suffix: _____

Name Data Quality:*

- ☐ Full Name Reported
- ☐ Partial, Street Name or Code Name Reported
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Social Security Number:*

- ☐ _____
- ☐ Full SSN Reported
- ☐ Approximate or Partial SSN Reported
- ☐ Client Doesn't Know
- ☐ Client Refused

Birthdate:*

- ☐ _____
- ☐ Full DOB Reported
- ☐ Approximate or Partial DOB Reported
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Ethnicity:*

- ☐ Hispanic/Latino
- ☐ Non-Hispanic/Latino
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Race:*

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Gender:*

- ☐ Male
- ☐ Female
- ☐ Transgender Male to Female
- ☐ Transgender Female to Male
- ☐ Other
- ☐ Client Doesn't Know
- ☐ Client Refused

Disabling Condition:*

- ☐ Yes
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Veteran Status:*

- ☐ Yes
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Marital Status:

- ☐ Single
- ☐ Divorced
- ☐ Married & Living with Spouse
- ☐ Married and Not Living with Spouse
- ☐ Common Law
- ☐ Living Together
- ☐ Widowed
- ☐ Civil Union

Primary Language:

- ☐ English
- ☐ Spanish
- ☐ French
- ☐ German
- ☐ Italian
- ☐ Polish
- ☐ Portugese
- ☐ Russian
- ☐ Arabic
- ☐ Armenian
- ☐ Farsii
- ☐ Hebrew
- ☐ Turkish
- ☐ Cantonese
- ☐ Mandarin
- ☐ Mien
- ☐ Other Chinese
- ☐ Cambodian
- ☐ Hmong
- ☐ Lao
- ☐ Thai
- ☐ Vietnamese
- ☐ Tagalog
- ☐ Ilacano
- ☐ Japanese
- ☐ Korean
- ☐ Samoan
- ☐ American Sign Language
- ☐ Other Sign Language
- ☐ Other-Non English

Citizenship:

- ☐ U.S. Citizen
- ☐ Eligible Non-Citizen
- ☐ Ineligible Non-Citizen

Relationship to Head of Household:*

- ☐ Self
- ☐ Son
- ☐ Daughter
- ☐ Dependent Child
- ☐ Spouse
- ☐ Foster Child
- ☐ Grandchild
- ☐ Other Family Member
- ☐ Other Non-Family Member

Contact Information:

Address:_____

City/State/Zip:_____

Home Phone:_____

Email:_____

Step 2: Project Enrollment

Complete the project enrollment information and please note all fields with an * are required fields. Complete additional forms for each household member to be enrolled.

Assessment Date:*_____

Case Assignment:*:_____

Assessment Type:*

- ☐ Entry
- ☐ Exit
- ☐ Other:_____
- ☐ During Program Enrollment
- ☐ Followup

Step 3: Entry Assessments

Complete the following entry assessments and please note all fields with an * are required fields.

Housing Status*

- ☐ Category 1 – Homeless
- ☐ Category 2 – At Imminent Risk of Losing Housing
- ☐ Category 3 – Homeless Only Under Other Federal Statutes
- ☐ Category 4 – Fleeing Domestic Violence
- ☐ At Risk of Homelessness
- ☐ Stably Housed – Rent
- ☐ Stably Housed – Own
- ☐ Don't Know
- ☐ Refused
- ☐ Other

Residence Prior to Program Entry:*

- ☐ Long-term care care facility or nursing home
- ☐ Rental by client, with GPD TIP subsidy
- ☐ Residential project or halfway house with no homeless criteria
- ☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher
- ☐ Transitional Housing for Homeless Persons (Including Homeless Youth)
- ☐ Permanent Housing for Formerly Homeless Persons (such as; a CoC project; HUD legacy programs; or HOPWA PH)
- ☐ Psychiatric Hospital or Other Psychiatric Facility
- ☐ Substance Abuse Treatment Facility or Detox Center
- ☐ Hospital or other residential non-psychiatric medical facility
- ☐ Jail, Prison or Juvenile Detention Center
- ☐ Staying or living in a family member's room, apartment or house
- ☐ Staying or living in a friend's room, apartment or house
- ☐ Hotel or motel paid for without emergency shelter voucher
- ☐ Foster care home or foster care group home
- ☐ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- ☐ Other
- ☐ Safe Haven
- ☐ Rental by client, with VASH housing subsidy
- ☐ Rental by client, with other ongoing housing subsidy
- ☐ Owned by client, with ongoing housing subsidy
- ☐ Rental by client, with no ongoing housing subsidy
- ☐ Owned by client, no ongoing housing subsidy
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Length of Stay:*

- ☐ One day or less
- ☐ Two days to one week
- ☐ One week or less
- ☐ More than one week, but less than one month
- ☐ One to three months
- ☐ More than three months, but less than one year
- ☐ One year or longer
- ☐ Client Doesn't Know
- ☐ Client Refused

Length of Time on Street, in an Emergency Shelter or Safe Haven:*

Continuously Homeless for at least one year:

- ☐ Yes
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Number of times the client has been homeless in the past three years:*

- ☐ 0 (Not homeless – prevention only)
- ☐ 1 (Homeless only this time)
- ☐ 2
- ☐ 3
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected
- ☐ 4 or more (if selected, please answer the following)

*Total Number of months homeless in the past three years:**

- ☐ 0-12
- ☐ More than 12 months
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Total number of months continuously homeless immediately prior to project entry:*_____ ***(Please note that to enter a number, the number of months must exceed 12 months. If less than 12 months, please enter "0")***

Homeless Status Documented:*

- ☐ Yes
- ☐ No
- ☐ Data Not Collected

Health Insurance:*

- ☐ Yes
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Type:*

- ☐ Private – Employer
- ☐ Private – Individual
- ☐ Public HIV/AIDS Medical Assistance
- ☐ AIDS Drug Assistance Program (ADAP)
- ☐ Medicare
- ☐ Medicaid
- ☐ Veteran's Administration Medical Services
- ☐ Healthy Indiana Plan (HIP)
- ☐ Native American Health Service
- ☐ Other Public
- ☐ Other_____

Status:*

- ☐ Active
  - ☐ Start Date:_____
  - ☐ End Date:_____
- ☐ No
  - ☐ Applied; decision pending
  - ☐ Applied; client not eligible
  - ☐ Client did not apply
  - ☐ Insurance type N/A for this client
  - ☐ Client Doesn't Know
  - ☐ Client Refused
  - ☐ Data Not Collected

ClientTrack Barriers Assessment:*

Barriers:*	**Barrier Present?**	**Receiving Services/Treatment?**	**Condition Indefinite?**	**Documentation on File?**
Alcohol Abuse	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	☐ Yes ☐ No
Developmental Disability	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	☐ Yes ☐ No
Drug Abuse	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	☐ Yes ☐ No
HIV/AIDS	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	☐ Yes ☐ No
Mental Health	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	☐ Yes ☐ No
Physical Disability	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	☐ Yes ☐ No
Chronic Health Condition	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	☐ Yes ☐ No

If client reports "Alcohol Abuse, Drug Abuse and/or Mental Health" as present barriers, complete the following:

How confirmed:

- ☐ Unconfirmed; presumptive or self-report
- ☐ Confirmed through assessment and clinical evaluation
- ☐ Confirmed by prior evaluation or clinical records

Serious Mental Illness (SMI):

- ☐ No
- ☐ Unconfirmed; presumptive or self-report
- ☐ Confirmed through assessment and clinical evaluation
- ☐ Confirmed by prior evaluation or clinical records
- ☐ Client Doesn't Know
- ☐ Client Refused

Domestic Violence Assessment of Victim:*

Is client a victim of domestic violence:*

- ☐ Yes
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

When Experience Occurred:*

- ☐ Within the past three months
- ☐ Three to six months ago
- ☐ For six to twelve months ago
- ☐ More than a year ago
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Victimization Date:* _____

Interviewer:_____

Assessment Description:_____

_____

_____

Interview Type: ☐ In-Person ☐ Phone Call Only

- ☐ Physical
- ☐ Sexual
- ☐ Psychological

Weapon Used:

- ☐ Knife
- ☐ Gun
- ☐ Other
- ☐ Unknown

Associated with DV – Alcohol:

- ☐ Yes by Abuser
- ☐ Yes by Victim
- ☐ Yes by Both
- ☐ No

Associated with DV – Drugs:

- ☐ Yes by Abuser
- ☐ Yes by Victim
- ☐ Yes by Both
- ☐ No

Length of Violent Relationship:

- ☐ Under 1 Year
- ☐ 1-5 Years
- ☐ 6-10 Years
- ☐ 11-20 Years
- ☐ Over 20 Years
- ☐ Unknown

Sexual Assault Type:

- ☐ Adult Sexual Assault
- ☐ Adult Molested As Child
- ☐ Child Sex Abuse
- ☐ Rape
- ☐ Attempted Rape
- ☐ Other Sexual Contact

Sexual Assault Location:

- ☐ Victim's Home
- ☐ Assailant's Car
- ☐ Outside
- ☐ Assailant's Home
- ☐ College Campus
- ☐ Friend's Home
- ☐ Victim's and Assailant's Home
- ☐ Workplace
- ☐ Institution
- ☐ Other
- ☐ Unknown

Length Before Contact:

- ☐ Same Day
- ☐ 1 Day
- ☐ 3-6 Days
- ☐ 1 Week to 1 Month
- ☐ 2-6 Months
- ☐ 7-11 Months
- ☐ 1-5 Years
- ☐ 6-10 Years
- ☐ 11-15 Years
- ☐ Over 15 Years
- ☐ Unknown

Survivor of Incest ☐

Other Child Sexual Abuse ☐

Other Information and Offender Relationship to Victim

- ☐ Child Abuse (960s)
- ☐ Physical Abuse
- ☐ Psychological Abuse
- ☐ Child Witnessed Abuse
- ☐ Abuse Through Neglect
- ☐ Other Type of Abuse
  - ☐ Terrorizing
  - ☐ DUI/DWI Crash
  - ☐ Elderly Abuse
  - ☐ Stalking, Robbery
  - ☐ Non-DV Assault
  - ☐ Harassment
  - ☐ Disorderly Conduct
  - ☐ Survivor of Homicide
  - ☐ Violation of Court Order
  - ☐ Other _____

Relationship to Victim:

- ☐ Parent
- ☐ Grandparent
- ☐ Guardian
- ☐ Other Family Member
- ☐ Other Non-Family
- ☐ Other Caretaker
- ☐ Spouse
- ☐ Intimate Partner
- ☐ Sibling
- ☐ Acquaintance
- ☐ Stranger

Legal/Crime Information

Law Enforcement Called:

- ☐ Yes ☐ No
- ☐ No ☐ Yes – but didn't respond
- ☐ Unknown

Abuser Arrested:

- ☐ Yes
- ☐ No
- ☐ Unknown

Incident Report Filed:

- ☐ Yes
- ☐ No
- ☐ Unknown

Signer of Report:

- ☐ Victim ☐ Other
- ☐ Law Enforcement ☐ Unknown

Criminal Complaint Filed ☐

Went to Court ☐

Convicted ☐

Civil Resolution ☐

No Legal Resolution ☐

Financial Assessment:* Cash Income:* ☐ Yes ☐ No

- ☐ Earned Income $_____
- ☐ Self Employment $_____
- ☐ Unemployment Insurance $_____
- ☐ Worker's Compensation $_____
- ☐ Other Pension $_____
- ☐ Supplemental Security Income $_____
- ☐ Social Security Disability Income $_____
- ☐ Retirement (Social Security) $_____
- ☐ Veteran's Pension $_____
- ☐ VA Service-Connected Disability $_____
- ☐ VA NonService-Connected Disability$_____
- ☐ TANF $_____
- ☐ Child Support $_____
- ☐ Other Income $_____

Non Cash Benefits:* ☐ Yes ☐ No

- ☐ Food Stamps/Money for Food on Benefits Card $_____
- ☐ Special Supplemental Nutrition Program (WIC)
- ☐ TANF Child Care Services
- ☐ Other TANF Funded Services
- ☐ Section 8, Public Housing, Other Rental Asst. $_____
- ☐ Temporary Rental Assistance (RRH) $_____
- ☐ Other Source

Adult Education Assessment:*

Currently in School/Working on Degree:*

- ☐ Yes ☐ No
- ☐ Client Doesn't Know ☐ Client Refused

Received Vocational Training/Apprenticeship:*

- ☐ Yes ☐ No
- ☐ Client Doesn't Know ☐ Client Refused

Highest Grade Completed:*

- ☐ No School Completed
- ☐ Nursery School to 4th Grade
- ☐ 5th Grade or 6th Grade
- ☐ 7th Grade or 8th Grade
- ☐ 9th Grade
- ☐ 10th Grade
- ☐ 11th Grade
- ☐ 12 Grade, No Diploma
- ☐ High School Diploma
- ☐ GED
- ☐ Post-Secondary School
- ☐ Client Doesn't Know
- ☐ Client Refused

Secondary Education:*

- ☐ None
- ☐ Associates Degree
- ☐ Bachelors
- ☐ Masters
- ☐ Doctorate
- ☐ Other Graduate/Professional Degree
- ☐ Certificate of Advanced Training or Skilled Artisan
- ☐ Client Doesn't Know
- ☐ Client Refused

Child Education Assessment:*

Highest Grade Completed:*

- ☐ No School Completed
- ☐ Nursery School to 4th Grade
- ☐ 5th Grade or 6th Grade
- ☐ 7th Grade or 8th Grade
- ☐ 9th Grade
- ☐ 10th Grade
- ☐ 11th Grade
- ☐ 12 Grade, No Diploma
- ☐ High School Diploma
- ☐ GED
- ☐ Post-Secondary School
- ☐ Client Doesn't Know
- ☐ Client Refused

Current Enrollment Status:*

- ☐ Yes ☐ No
- ☐ Client Doesn't Know ☐ Client Refused

If Yes, Type of School:*

- ☐ Public School ☐ Technical/Career
- ☐ Homeschool ☐ Client Doesn't Know
- ☐ Charter ☐ Client Refused
- ☐ Parochial or Other Private School

School Name:*_____

Connected w/McKinney-Vento School Liaison?*

- ☐ Yes ☐ No
- ☐ Client Doesn't Know ☐ Client Refused

If not enrolled, Last Enrollment Date:_____

Reason Not Enrolled:_____

_____

Legal Assessment:*

Assessment Description:_____

Are you currently involved in any of the following legal situations?

- ☐ Divorce
- ☐ Eviction
- ☐ Bill Collector
- ☐ Pending Criminal Charges
  - Description:_____
- ☐ Order of Protection
- ☐ Probation/Parole
- ☐ Custody Issues
- ☐ Child or Spousal Support
- ☐ Warrant for Arrest
- ☐ CPS Involvement
- ☐ Other:_____

Do you currently have legal representation? ☐

How many days, past 30 days, experiencing legal representation?_____

Legal Description Notes:_____

_____

Transportation Assessment:*

Primary Transit Means:*

- ☐ Own vehicle ☐ Bus
- ☐ Ride from friends/family ☐ VanTran
- ☐ Bicycle ☐ Walk
- ☐ Other:_____

Vehicle Ownership:

- ☐ Own
- ☐ Leased
- ☐ Borrowed

Vehicle Make:_____

Vehicle Model:_____

Vehicle Year:_____

Vehicle Description:_____

Vehicle Condition:

- ☐ Good running condition
- ☐ In Need of Repair
- ☐ Impounded

Vehicle Condition Description:_____

Registered State:_____

License Plate Number:_____

Insurance Company: _____

Insurance Renewal Date:_____

License Number: _____

License Expiration Date: _____